

2017 Medicare Advantage Plans	Summary of Benefits Table (Lafayette Parish)		
	Blue Advantage	Humana Gold Plus	HumanaChoice
Contract ID/Plan ID	H6453-004	H1951-025	H6609-104
Organization Name	HMO LA	Humana Health Benefit Plan of LA	Humana Insurance Company
Type of Medicare Plan	Local HMO	Local HMO	Local PPO
Monthly Consolidated Premium (includes part C & D)	\$0	\$0	\$47
Health Plan Deductible	\$0	\$0	\$750 annual deductible
PCP Co-pay	\$5	\$10	\$5/ 30%
Specialist Co-pay	\$40	\$10- \$40	\$5- \$50/ 30%
ER	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$245	\$265 or 20%	\$265 or 20%
Skilled nursing	\$0 for days 1 through 20 \$160 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$195 for days 1 through 10 \$0 for days 11 through 90 \$195 for days 91 through 100 \$0 for days 101 and beyond	\$195 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond	\$225 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	\$0	\$295	\$400
Additional Coverage Offered in the Gap	\$3- \$12 and/or 40%- 51%	\$5- \$100 and/or 27%- 51%	\$5- \$100 and/or 25%- 51%
Chemo Drugs	20%	20%	20%/ 30%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700/ \$10,000

Summary of Benefits Table (Lafayette Parish)			
Medicare Advantage Plans	HumanaChoice	HumanaChoice	HumanaChoice
Contract ID/Plan ID	R5826-011	R5826-068	R5826-078
Organization Name	Humana Insurance Company	Humana Insurane Company	Humana Insurance Company
Type of Medicare Plan	Regional PPO	Regional PPO	Regional PPO
Monthly Consolidated Premium (includes part C & D)	\$77.00	\$0	\$47
Health Plan Deductible	\$1,000 annual deductible	\$1,000 annual deductible	\$1,000 annual deductible
PCP Co-pay	\$15	\$10/ \$35	\$15/ 30%
Specialist Co-pay	\$15- \$50	\$10- \$35/ \$50	\$25- \$50/ 30%
ER	\$75 per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$265 or 20%	\$265 or 20%	\$265 or 20%
Skilled nursing	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond	\$195 for days 1 through 6 \$0 for days 7 through 90 \$0 for days 91 and beyond	\$275 for days 1 through 7 \$0 for days 8 through 90 \$0 for days 91 and beyond
Annual Drug Deductible	\$400	Drugs not covered	\$400
Additional Coverage Offered in the Gap	\$6- \$100 and/or 25%- 51%	Drugs not covered	40%- 51%
Chemo Drugs	20%/ 19%- 25%	20%/ 30%	20%/ 30%
Out-of-Pocket Maximum	\$6,700	\$6,700/ \$10,000	\$6,700/ \$10,000

Summary of Benefits Table (Lafayette Parish)				
Medicare Advantage Plans	Peoples Health Choices Gold	AAA4 Vantage Traditional Plus	AAA6 Vantage Capitol	WellCare Value
Contract ID/Plan ID	H1961-017	H5576-008	H5576-021	H2491-007
Organization Name	Peoples Health	Vantage Health Plan	Vantage Health	WellCare Health
Type of Medicare Plan	Local HMO	Local HMO	Local HMO	Local HMO
Monthly Consolidated Premium (includes part C & D)	\$0	\$32.80	\$0	\$0
Health Plan Deductible	\$0		\$350 Out-of-network	\$0
PCP Co-pay	\$10	\$10 0%- 20%	\$25 or 0-20%	\$5
Specialist Co-pay	\$40	20%	\$50 or 0-20%	\$35
ER	\$75 per visit (always covered)	20% per visit (always covered)	\$75 per visit (always covered)	\$75 per visit (always covered)
Ambulance	\$220	20%	\$250	\$250
Skilled nursing	\$0 for days 1 through 20 \$160 for days 21 through 100		\$0 for days 1 through 20 \$164 for days 21 through 100	\$0 for days 1 through 20 \$164.50 for days 21 through 100
Inpatient Hospital	\$195 for days 1 through 7 \$0 for days 8 through 90		\$335 for days 1 through 5 \$0 for days 6 through 90	\$250 for days 1 through 7 \$0 for days 8 through 90
Annual Drug Deductible	\$0	\$400	\$350	\$0
Additional Coverage Offered in the Gap	\$0- \$15 and/or 40%- 51%	40%- 51%	40%- 51%	40%- 51%
Chemo Drugs	20%	20%	20%	20%
Out-of-Pocket Maximum	\$6,700	\$6,700	\$6,700	\$6,700